

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP)

Information Technology Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Work Phone
E-mail Address				Home Phone
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching				
Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career and Technical <input type="checkbox"/> CTE/APP				
Check only one	<input type="checkbox"/> I am requesting the Information Technology endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An endorsement evaluation fee of *\$40.00 is enclosed. OR <input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Information Technology endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$40.00, paid by my School District , is enclosed.			

Information Technology Education Endorsement Area(s) For Which You Are Applying:

Introductory <input type="checkbox"/> IC3 ** <input type="checkbox"/> Introduction to Information Technology Information Support & Services <input type="checkbox"/> CompTIA A+ (Computer Repair/Maintenance) * <input type="checkbox"/> Database Development (Oracle) * <input type="checkbox"/> Linux * Interactive Media <input type="checkbox"/> Multimedia <input type="checkbox"/> Web Development (iNet+ or CIW) * Other _____	Network Systems <input type="checkbox"/> Certified Novell Administrator (CNA) * <input type="checkbox"/> Cisco Certified Networking Associate (CCNA) * <input type="checkbox"/> CompTIA Network+ * <input type="checkbox"/> Microsoft Certified Professional (MCP) * <input type="checkbox"/> Security * Programming & Software Development <input type="checkbox"/> Computer Programming * Requires Industry Certification ** Requires Industry Certification AND another IT endorsement except Introduction to Information Technology
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Industry Certifications (Attach documentation)

Certification	Date Tested	Date Obtained	Date to be completed

Course Work (Attach an official copy of the transcripts)

Name of Institution	School Term	Course No.	Course Name	Credits	Instructor	Date to be completed

Work Experience (Letters from employers verifying experience, including dates, must be submitted with application)

From		To		Total Months	Company Name & Address	Immediate Supervisor (Name and Title)	Reason for Leaving
Mo	Yr	Mo	Yr				

Explain Duties & Responsibilities:

Signature of Applicant

<div style="font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>	Date
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Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752

\$40.00 endorsement fee or \$40.00 SAEP fee must be included with this application (*see information above)

----- **-Information below to be completed by USOE personnel-** -----

Endorsement(s) Recommended		SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved
		_____ work credits _____ course credits _____ total credits
		CTE Specialist Signature _____ Date _____
		Endorsement(s) Awarded
		CTE Specialist Signature _____ Date _____